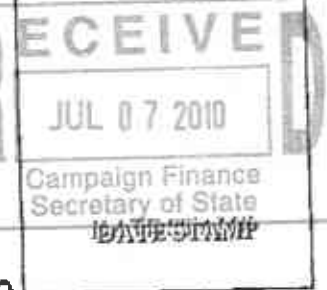


2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to re-elect "Jim" Seth Pounds
Address 101 Foster Park Booneville Ms 38829
Telephone 662-728-1418 Fax 662-728-2006
Treasurer Susan Pounds Email pounds.susan@yahoo.com



☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010).....Mandatory
____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
X July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
____ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2009).....Runoff Candidates
____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,500 +\$ 0	\$ 1,500	\$ 7,300.00
Total amount of disbursements	\$ 0 +\$ 0	\$ 0	\$ 4,181.35
Total amount of cash on hand		\$ 3,358.65	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Susan Pounds
Signature of Director or Treasurer

7/7/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-358-1489 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to re-elect "Jim" Southbound Page 1 of 1
 Reporting period June 1, 2010 through June 30, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Harry H. Summer</u>	<u>6/30/10</u>	<u>\$500.00</u>
Mailing Address <u>P.O. Box 834</u>	<u> / / </u>	\$
City, State, Zip Code <u>Tupelo, MS 38802</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Self employed</u>	<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	<u>\$500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Shelton and Associates, P.A.</u>	<u>6/22/10</u>	<u>\$1,000.00</u>
Mailing Address <u>P.O. Box 1362</u>	<u> / / </u>	\$
City, State, Zip Code <u>Tupelo, MS 38802</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Shelton and Associates, P.A.</u>	<u> / / </u>	\$
Occupation (Required) <u>Attorneys</u>	Aggregate year-to-date	<u>\$1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$